

THE CLARK COUNTY SHERIFF'S OFFICE



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County "Hot Spot" Crime & Drug On-Line Information Report

(Today's Date:)

Please Provide a complete Detailed description of suspects-vehicle information and if weapons are involved:

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1. **Location:** (Exact address of criminal or suspicious activity, if known, or describe the area including street names and cross streets)
2. **Type of Activity:** (Please describe the criminal or suspicious activity taking place at this location)
3. **Dates & Times:** (Exact date and time you saw the criminal or suspicious activity and how often this occurs? For example: Friday at 10 p.m. to 2 a.m.)
4. **Suspect(s):** (If you know who, give names, nicknames, address and a complete description such as race, sex (male/Female), height, weight, clothing appearance.)

5. **Specific Information:** (Please describe the details about what you have seen, what you know, or what crime has taken place. Note: Include information about weapons, vehicles, license plates and anything else that will be helpful to law enforcement.)

Please feel free to write any additional information that you would like me to review, on the additional "Comment Section Form" attached. You may also E-Mail me with any concerns or comments at chief@clarkcountyohio.gov. I do respond to all E-Mails personally, as time permits within my schedule.

Please contact me; ☐ Yes No ☐

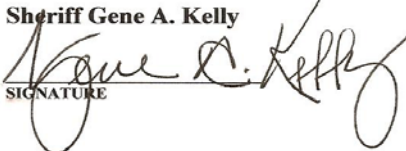
(Optional)

Name/Address/Phone: _____

I sincerely appreciate you taking time out of your busy day to fill out this form.

Sincerely,

Sheriff Gene A. Kelly


SIGNATURE

FOR OFFICIAL USE ONLY

Reviewed by Catholic Social Action Committee: YES ___ NO ___

"Hot Spot Information Number" _____

Reviewed by Clark County Sheriff Gene A Kelly: Initial

“Comment Section Form”